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U.S. District Court Eastern District of MO

## UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MISSOURI DIVISION

Vo	ilenie Brenston	)
Plainti	iff(s),	.)
v. Mer	5 Goodwill	) Case No ) (to be assigned by Clerk of District Court )
	•	) JURY TRIAL DEMANDED
	dant(s). (Enter above the full name(s)	YES NOV
	defendants in this lawsuit. Please additional sheets if necessary.)	) )
	EMPLOYMENT DISCRI	MINATION COMPLAINT
	1. This employment discrimination	lawsuit is based on (check only those that apply):
<u> </u>	employment discrimination on the basis	64, as amended, 42 U.S.C. §§ 2000e, et seq., for of race, color, religion, gender, or national origin. district court under Title VII, you must first obtain doyment Opportunity Commission.
	employment discrimination on the basis NOTE: In order to bring suit in federal	of 1967, as amended, 29 U.S.C. §§ 621, et seq., for of age (age 40 or older).  It district court under the Age Discrimination in larges with the Equal Employment Opportunity
	for employment discrimination on the band NOTE: In order to bring suit in fed	0, as amended, 42 U.S.C. §§ 12101, et seq., sis of disability.  Where the Americans with a right-to-sue letter from the Equal Employment

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 discrir activit NOTI	pilitation Act of 1973, as amended, 29 U.S.C. §§ 701, et seq., for employment mination on the basis of a disability by an employer which constitutes a program or by receiving federal financial assistance.  E: In order to bring suit in federal district court under the Rehabilitation Act of 1973, sust first file charges with the appropriate Equal Employment Office representative or
agenc	y.
 Other	(Describe)
•	PARTIES
2.	Plaintiff's name: Valen'e Brenston
	Plaintiff's address: 205 No. 9th 5treet #503 Street address or P.O. Box
	St. Wuis, Mo. 63101 City/ County/ State/Zip Code
	314 610 - 7244 Area code and telephone number
3.	Defendant's name: Mers Goodwill
	Defendant's address: 1727 Wust Street Address or P.O. Box
	St. Louis, Mo. 63103 City/County/State/Zip Code
	Area code and telephone number
	Area code and telephone number

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES, ADDRESSES AND TELEPHONE NUMBERS ON A SEPARATE SHEET OF PAPER.

please	4. provid	If you are claiming that the discriminatory conduct le the following information:	t occur	red at a different location,
(Stree	t Addre	ess) (City/County) (S	State)	(Zip Code)
	5.	When did the discrimination occur? Please give the	he date	or time period:
		06-01-2017 - 08-11	6-,	2017
		ADMINISTRATIVE PROCEDUR	RES	
	6.	Did you file a charge of discrimination against the	e defen	dant(s) with the Missouri
Comn	nission	on Human Rights?		
		Yes Date filed:		
	V	_ No		
	7.	Did you file a charge of discrimination against t	the de	fendant(s) with the Equal
Emplo	yment	Opportunity Commission or other federal agency?		
	V	Yes Date filed: 4-19-17		
		_No		
	8.	Have you received a Notice of Right-to-Sue Letter	r?	
		YesNo		
If yes,	, please	attach a copy of the letter to this complaint.		
	9.	If you are claiming age discrimination, check one	of the	following:
		_60 days or more have passed since I filed my charg	ge of ag	ge discrimination with the
Equal	Emplo	yment Opportunity Commission.		
		_fewer than 60 days have passed since I filed my char	ge of a	ge discrimination with the
Equal	Emplo	yment Opportunity Commission.		

## NATURE OF THE CASE

10.	The conduct complained of in this lawsuit involves (check only those that apply):
	failure to hire me
	termination of my employment
	failure to promote me
	failure to accommodate my disability
•	terms and conditions of my employment differ from those of similar employees
	retaliation
	harassment
	other conduct (specify):
Did y	you complain about this same conduct in your charge of discrimination?
	Yes No

11.	I belie	ve that I was discriminated against because of my (check all that apply):
		race
		religion
		national origin
		color
		gender
		disability
		age (birth year is:)
		other:
Did y	ou state	the same reason(s) in your charge of discrimination?
		Yes No
is involved in	cifically the con	here, as briefly and clearly as possible, the essential facts of your claim the conduct that you believe is discriminatory and describe how each defendant duct. Take time to organize your statement; you may use numbered paragraphs It is not necessary to make legal arguments, or to cite cases or statutes.

(Continue to page 6, if additional space is needed.)

See attached

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(Attach additional sheets as necessary).

The acts set forth in paragraph 12 of this complaint:

are still being committed by the defendant.

to come visit the job site.

13.

are no longer being committed by the defendant.
may still be being committed by the defendant.
REQUEST FOR RELIEF
State briefly and exactly what you want the Court to do for you. Make no legal arguments;
cite no cases or statutes. I expect justice and an investiga-
tron of my claims. I was fired because !
I break to sol to call my attempt and my manager

14. Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule

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I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 25 day of July , 20 18.
Signature of Plaintiff Nature Brensh